it, because it will surely come. It will not tarry.''

Mr. Speaker, I think those are important words. We are going to talk a little bit about the vision for health care, the future of health care in America. Sometimes we will have to wait for it, but it will come. It's a universal problem in this country. Some people think it has a universal solution; others disagree with that. But those two philosophies of health care, that that can be solved by the government or that that is better solved by individuals, those two competing philosophies are really going to be played out front and center over the next 18 to 24 months, both in this Congress and on the national stage in Presidential elections.

I may be oversimplifying the issue a little bit, but it underscores the basic arrangements. We sometimes appear to discuss health care only in the realm of insurance, government systems, third-party systems. In fact, Mr. Speaker, if you recall back in 1993, when the attempt was made with the Clinton health care plan, a lot of us who worked in health care at the time were perplexed, we were concerned because at the time the plan seemed to be less about health care and more about the transactions involving health care, that is, more about insurance than actual health care.

You know, back not too terribly long ago health care meant you called your doctor, you saw your doctor, you paid your doctor on the spot. Now, we have this convoluted system of third-party payers, government payers, private employee and self-pay. It's a complicated plan. It works. Hardly can be described as efficient. But it does work.

Mr. Speaker, we have got to ask ourselves: Is our goal in reforming health care, is our goal indeed in transforming health care to protect our patients or are we here to protect that third-party system of payment? Is our goal to provide Americans with a reasonable way to obtain health care, a reasonable way to communicate with their physician, with their doctor, with their nurse?

We really need to proceed carefully because the consequences of any poor choices we make over these next 18 to 24 months, the consequences of those poor choices will reverberate for decades. Not just in our lifetime, but in our children's lifetimes.

Mr. Speaker, I often stress that the fundamental unit of production of this great and grand American medical machine, the fundamental unit of production is the interaction that takes place between the doctor and the patient in the treatment room. It is that fundamental unit of production which we must protect, we must preserve, we must defend. Indeed, anything we do to try to transform or reform the health care system in this country, first off, we need to ask: Is it going to bring value to that fundamental unit of production of the American health care machine?

The test before us is do we protect people or do we protect the special interest groups. Do we protect big government or do we protect individuals? Do we believe in the supremacy of the State or do we believe in the sanctity of the individual? An educated consumer makes for a better health care system. We need to make health care reform about patients.

Let me just spend a little time talking about what are some of the predominant plans that we hear talked about, some of those placed forward by the Presidential candidates, something that we hear talked about on the other side of the aisle here in this House. It's often referred to as a single-payer system or universal health care coverage. It's got a nice ring to it. It's almost seductive. Why shouldn't the world's strongest and best economy, the world's strongest and best health care system provide free health care to all? Well, perhaps the words of P.J. O'Rourke penned back in 1993 in the Liberty Manifesto, when he stated, If you think health care is expensive now, wait and see what it costs when it's free.

Mr. Speaker, the American health care system has no shortage of critics at home or abroad. But, Mr. Speaker, it is the American health care system that stands at the forefront of innovation, the forefront of new technology. These are precisely the types of systemwide changes that are going to be necessary to efficiently and effectively provide care for Americans in the future. There's no way we can pay for all the care we are going to need to buy if we rely entirely on today's systems and solutions. There have to be new systems and solutions developed for the future, and they will deliver on that promise. The price will come down, but only if we give the system the freedom to act and develop those measures.

Now, the New York Times, not something that I normally read, but just a little over a year ago the New York Times, renowned for its liberal leanings, published October 5, 2006, an article by Tyler Cowan, who wrote at the time, ''When it comes to medical innovation, the United States is the world's leader.'' Continuing to quote, ''In the past 10 years, for instance, 12 Nobel prizes in medicine have gone to American-born scientists working in the United States, three have gone to foreign-born scientists working in the United States, and seven have gone to researchers outside of this country.'' He goes on to point out that five of the six most important medical innovations of the past 25 years have been developed within and because of the American system.

Now, Mr. Speaker, comparisons with other countries may be useful, but it is important to remember that the American system is always reinventing itself and it's always seeking improvement. It is precisely because of the tension inherent in this hybrid public-private system that creates that tension and creates that impetus for change. A system that is completely and fully funded by a payroll tax or some other policy has no reason to seek improvement. Its funding and its funding stream is going to be reliable and predictable, occurring day after day. There's no reason to try to improve a system like that. It's always in complete balance, complete equilibrium, and faces stagnation. But if there does become a need in such a system to balance payments or control costs, where is that going to come from? We have already seen from our experience within our own Medicare system that is going to come at the expense of the provider. It always has, it always will.

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The difficulties faced by providers within the Medicare system on an ongoing basis are truly staggering.

Mr. Speaker, the fact is the United States is not Europe. American patients are accustomed to wide choices when it comes to hospitals, physicians and pharmaceuticals. Because our experience is unique and because our experience is different from other countries, this difference should be acknowledged and embraced, maybe even celebrated. But certainly when reform, either public or private, is discussed in this country, we need to be cognizant of that difference.

That is one of the many reasons why a universal health care system, or a single payer system, translate that to ''the government,'' to me seems almost inadvisable, and certainly doesn't seem sustainable over time as an option. So let's think about some of the principles that really should be involved when we talk about changes and improvements to our health care system.

Three principles that I focus on, and I think really form the crux of the basis of all activities regarding health care reform or transformation of the health care system, are affordability, accountability and advancements. Three things fairly easy to remember, almost an iteration when you put them right together.

Under affordability, one of the things I think we oftentimes forget is what does it really cost to deliver the care? How do we assign those costs? How do we allocate those costs? The pricing for health care services really ought to be based on what is indicated by the market. But that isn't always the case. Oftentimes it is what is assumed by administrators, and consumers and even physicians are completely insulated, completely anesthetized as to what the care costs or what it costs to deliver the care.

Now, an article or an op-ed from the Wall Street Journal earlier this year by Robert Swerlick, a dermatologist from Emory University, the title of his column was ''Our Soviet Health System.'' He laments the difficulty in finding a pediatric endocrinologist, but in turn it seems so easy to find a veterinarian who specializes in orthopedics for his Labrador Retriever. So he can't